

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Chevron U. S. A. Inc.

Address
P. O. 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)		Other (Please explain)	
☐ New Well	Change in Transporter etc:	Split Connection on both oil & gas	
☐ Recompletion	☒ Oil		☐ Dry Gas
☐ Change in Ownership	☒ Gas		☐ Condensate

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Eunice Monument South Unit	342	Eunice Monument G-SA	State, Federal or Fee Fee	
Location				
Unit Letter	m	660	Feet From The North	Line and 660
Line of Section		10	Township	21S
Range		36E	Lea County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
RCO. Shell, & Texas New Mexico Pipeline	
Name of Authorized Transporter of Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum & Phillips Gas Corporation	
well produces oil or liquids, or location of tanks.	Unit, Sec., Twp., Rge.
m, 4, 21S, 36E	Is gas actually connected? yes
	When unknown

this production is commingled with that from any other lease or pool, give commingling order number

NOTE: Complete Parts IV and V on reverse side if necessary.

CERTIFICATE OF COMPLIANCE

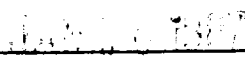
we hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of our knowledge and belief.



New Mexico Area Superintendent

(Title)
1-27-87
(Date)

OIL CONSERVATION DIVISION

APPROVED  19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Res.	Diff. Res.
Date Compl. Ready to Prod.	Total Depth		P.S.T.D.					
Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE - - -	DEPTH SET	SACKS CEMENT - -

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Depth of Test	Tubing Pressure	Casing Pressure	Choke Size
Oil Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

WELL

Oil Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (plug, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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 JAN 29 1987
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